

CHAPTER 13
 SECTION 9.1
 ADDENDUM 1, SECTION 5

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -
 CARDIOVASCULAR SYSTEM

The number following the procedure code is the TRICARE payment group.

HEART AND PERICARDIUM

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>PERICARDIUM</u>		
33010	4	Pericardiocentesis; initial
33011	4	Pericardiocentesis; subsequent

ARTERIES AND VEINS

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>ARTERIAL EMBOLECTOMY OR THROMBECTOMY</u>		
34101	5	Embolectomy or thrombectomy, with or without catheter, axillary, brachial, innominate, subclavian artery, by arm incision

INTRA-ARTERIAL-INTRA-AORTIC

36261	4	Revision of implanted intra-arterial infusion pump
36262	2	Removal of implanted intra-arterial infusion pump

VENOUS

36488	4	Placement of central venous catheter (subclavian, jugular, or other vein)(e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, age 2 years or under
36489	4	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure hyperalimentation, hemodialysis or chemotherapy); percutaneous, cutaneous, over age 2
36490	5	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis or chemotherapy); cutdown, age 2 years or under
36491	5	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); cutdown, over age 2
36522 ⁴	4	Photopheresis, extracorporeal
36530	5	Insertion of implantable intravenous infusion pump
36531	4	Revision of implantable intravenous infusion pump
36532	2	Removal of implantable intravenous infusion pump
36533	6	Insertion of implantable venous access device , with or without subcutaneous reservoir

ARTERIES AND VEINS (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
36534	4	Revision of implantable venous access device , and/or subcutaneous reservoir
36535	2	Removal of implantable venous access device , and/or subcutaneous reservoir
ARTERIAL		
36640	2	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
INTERVASCULAR CANNULIZATION OR SHUNT (SEPARATE PROCEDURE)		
36800	5	Insertion of cannula for hemodialysis, other purpose; vein to vein
36810	5	Insertion of cannula for hemodialysis, other purpose; arteriovenous, external (Scribner type)
36815	5	Insertion of cannula for hemodialysis, other purpose; arteriovenous, external revision or closure
36821	5	Arteriovenous anastomosis, direct, any site (e.g., Cimino type)(separate procedure)
36825	6	Creation of arteriovenous fistula; autogenous graft
36830	6	Creation of arteriovenous fistula; nonautogenous graft
36832	6	Revision, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36835	6	Insertion of Thomas shunt
36840 ³	6	Insertion mandril
36845 ³	6	Anastomosis mandril
36860	4	Cannula declotting; without balloon catheter
36861	5	Cannula declotting; with balloon catheter
LIGATION AND OTHER PROCEDURES		
37609	4	Ligation or biopsy, temporal artery
37700	4	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37720	7	Ligation and division and complete stripping of long or short saphenous veins
37730	5	Ligation and division and complete stripping of long and short saphenous veins
37735	5	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	5	Ligation of perforators, subfascial, radical (Linton Type), with or without skin graft
37780	5	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	5	Ligation, division and/or excision of recurrent or secondary varicose veins (clusters), one leg

Except as provided below, all procedures are effective as of November 1, 1994

¹ Code added for services performed on or after January 1, 1995

² Code added for services performed on or after February 27, 1995

³ Code deleted for services performed on or after April 1, 1995

- ⁴ Code deleted for services performed on or after April 26, 1995
- ⁵ Payment group changed for services performed on or after February 27, 1995
- ⁶ Code added October 1995 effective for services performed on or after November 1, 1994
- ⁷ Code deleted for services performed on or after March 31, 1996
- ⁸ Code added for services performed on or after January 1, 1996
- ⁹ Code added for services performed on or after January 1, 1997
- ¹⁰ Code deleted for services performed on or after January 1, 1997
- ¹¹ Code added for services performed on or after November 1, 1998
- ¹² Code deleted for services performed on or after January 1, 2000
- ¹³ Code added for services performed on or after January 1, 2000

